## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

FILING DATE

ATION SHEET

APPLICANT(S)

CLAIMS

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CLAIMS   HICKORY   STATE	TOTAL		**************************************				1
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MAY 3E USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

Berbara Campbell Netional Stage Processing (703) 305-3631